



Application No. 09/846,410

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2611
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Application No. 09/846,410

12/13/2007

Filing date 02/13/2001
Name Urbain A. von der Embse
Unit 2611
Examiner Jason M. Perilla

381 Petition

I am submitting a 381 petition to add my name and address to 3. ASSIGNEE NAME AND RESIDENCE DATA in FORM B - FEE(S) TRANSMITTAL which I submitted with ALLOWANCE AND FEE(S), and to check the boxes in 4a. for Issue Fee, Publication Fee, and Payment by Credit Card. The completed FORM B is attached. I apologize for my mistakes.

Attachments

- PTO/SB/21 Transmittal form
- Corrected PART B - FEE(S) TRANSMITTAL
- PTO-2038 \$130 fee payment by credit card

Thanks ever.

Sincerely,

Urbain A von der Embse

Name Urbain A. von der Embse
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12/18/2007 HMARZ11 00000061-09864410
01 FC:1464 130.00 OP
Void date 12/18/2007 HMARZ11 09864410
12/18/2007 HMARZ11 00000061 -130.00 OP
01 FC:1464
12/18/2007 HMARZ11 00000079 09864410
01 FC:1464 130.00 OP



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/846,410
	Filing Date	02/13/2001
	First Named Inventor	Urbain Alfred von der Embse
	Art Unit	2611
	Examiner Name	Jason M. Perilla
Total Number of Pages in This Submission	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks 381 Petition		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name		
Signature	Urbain Alfred von der Embse	
Printed name	Urbain Alfred von der Embse	
Date	12/13/2007	Reg. No.

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature	Urbain Alfred von der Embse	
Typed or printed name	Urbain Alfred von der Embse	Date 12/13/2007

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